IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

51253

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17842 DATE 4-6-94 TAX MAP NO. 3N-A-24

OWNER OR CONTRACTOR Jeffrey Jones Watershed: ☐ Yes ☑ No

ADDRESS Rt 3 Box 123-4 PHONE: Business Home 528-6310

LOCATION Off Mtn Rd Turn on Lewis Ferry To west Lewis Ferry JR Ouchamp 1st home on rt

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.0 acres SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 794 Date 3-14-94

Pump Tank: 1000 Gallons; PT 27 Date 3-14-94

Pump Make: Goulds Model WE 10128 Serial No. 2530625

Nitrification Field: No fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 33" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: Pump To conv. lines

Repair System Description: LPP

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

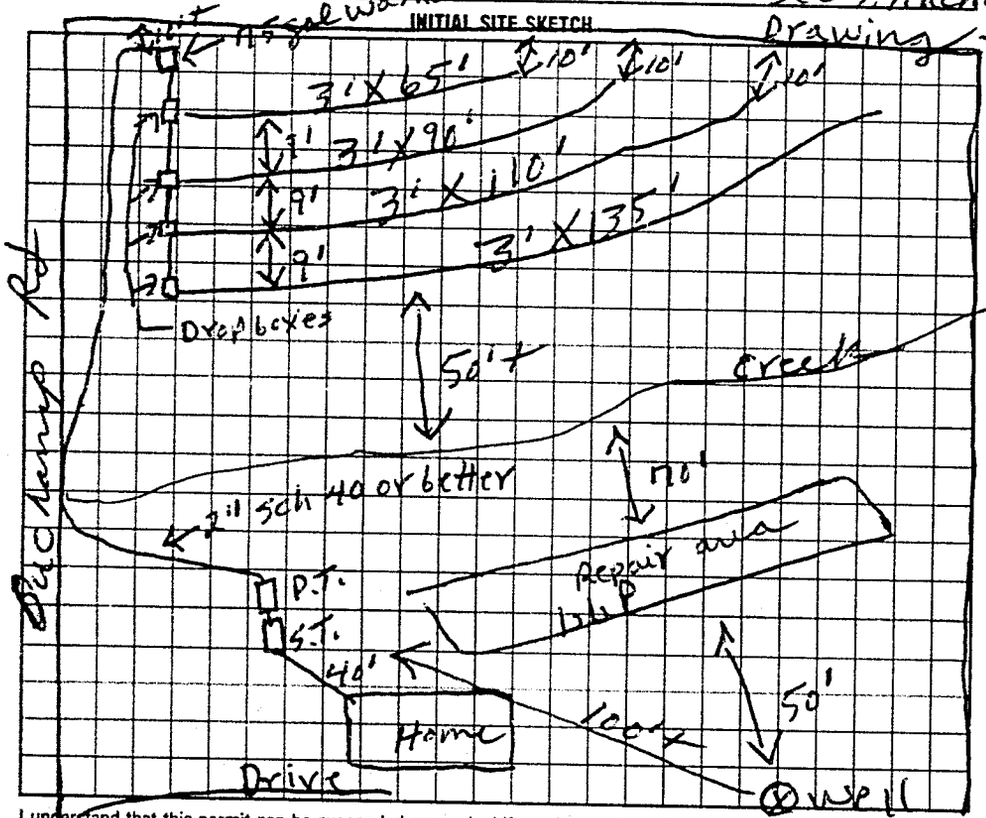
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: use Pump That will deliver 40 gal/min at 50' Total Heat

Comments: Checked drain lines 4-28-94. Checked pump tank and septic Tank 5-16-94. Checked pump, alarm, floats, and washer box 5-21-94

See Attached Drawing for Pump set up

INITIAL SITE SKETCH



AS BUILT SKETCH

SAME AS INITIAL SKETCH

* Well and Home located at time of inspection
* 100% Repair (LPP) below home

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: x Jeffrey A Jones

Improvement Permit by: M. C. Moore date 4-6-94

Existing System Inspection by: date

Installed by: Jeff Jones

Certificate of Completion by: Michael L. Dennis date 5-27-94

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD